Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Emergency department transfer communication: percentage of patients transferred to another healthcare facility whose medical record documentation indicated that all of the relevant elements were communicated to the receiving hospital within 60 minutes of discharge.

Source(s)

Stratis Health, University of Minnesota Rural Health Research Center. Data specifications manual: emergency department transfer communication measure. Bloomington (MN): Stratis Health; 2016 Jan. 52 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients transferred to another healthcare facility whose medical record documentation indicated that all of the relevant elements were communicated to the receiving hospital within 60 minutes of discharge (administrative communication must occur before discharge/transfer).

Note:

This measure includes the following subsections:
- Administrative communication
- Patient information
- Vital signs
- Medication information
- Physician or practitioner generated information
- Nurse generated information
- Procedures and tests

Measure Calculation: This measure is calculated using an all-or-none approach. The overall Emergency Department Transfer Communication (EDTC) measure can be calculated as the percent of medical records that met all of the 27 data elements. Data

elements not appropriate for an individual patient are scored as NA (not applicable), are counted in the measure as a positive, or 'yes,' response, and the patient will meet that element criteria. That patient will either need to meet the criteria for all of the data elements or have an NA.

Rationale

Communication problems are a major contributing factor to adverse events in hospitals, accounting for 65% of sentinel events tracked by The Joint Commission. In addition, research indicates that deficits exist in the transfer of patient information between hospitals and primary care physicians in the community, and between hospitals and long-term facilities. Transferred patients are excluded from the calculation of most national quality measures, such as those used in Hospital Compare. The Hospital Compare Web site was created to display rates of Process of Care measures using data that are voluntarily submitted by hospitals.

The Joint Commission has adopted National Patient Safety Goal 2, "Improve the Effectiveness of Communication Among Caregivers." This goal required all accredited hospitals to implement a standardized approach to hand-off communications, including nursing and physician handoffs from the emergency department (ED) to inpatient units, other hospitals, and other types of health care facilities. The process must include a method of communicating up-to-date information regarding the patient's care, treatment, and services; condition; and any recent or anticipated changes.

Limited attention has been paid to the development and implementation of quality measures specifically focused on patient transfers between EDs and other facilities. These measures are important for all health care facilities, but especially so for small rural hospitals that transfer a higher proportion of ED patients to other hospitals than larger urban facilities.

While many aspects of hospital quality are similar for urban and rural hospitals (e.g., providing heart attack patients with aspirin), the urban/rural contextual differences result in differences in emphasis on quality measurement. Because of its role in linking residents to urban referral centers, important aspects of rural hospital quality include triage-and-transfer decision making about when to provide a particular type of care, transporting patients, and coordinating information flow to specialists beyond the community.

Emergency care is important in all hospitals, but it is particularly important in rural hospitals. Because of their size, rural hospitals are less likely to be able to provide more specialized services, such as cardiac catheterization or trauma surgery. Rural residents often need to travel greater distances than urban residents to get to a hospital initially. In addition, their initial point of contact is less likely to have specialized services and staff found in tertiary care centers, so they are also more likely to be transferred. These size and geographic realities increase the importance of organizing triage, stabilization, and transfer in rural hospitals which, in turn, suggest that measurement of these processes is an important issue for rural hospitals.

The Emergency Department Transfer Communication measures aim to provide a means of assessing how well key patient information is communicated from an ED to any healthcare facility. They are applicable to patients with a wide range of medical conditions (e.g., acute myocardial infarction, heart failure, pneumonia, respiratory compromise and trauma) and are relevant for both internal quality improvement purposes and external reporting to consumers and purchasers. The results of the field tests (see the "Extent of Measure Testing" field) suggest that significant opportunity exists for improvement on these measures.

Timely, accurate and direct communication facilitates the handoff to the receiving facility, provides continuity of care, and avoids medical errors and redundant tests.

Evidence for Rationale

Baldwin LM, MacLehose RF, Hart LG, Beaver SK, Every N, Chan L. Quality of care for acute myocardial

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Primary Health Components

Rural health; emergency department (ED) transfer; hand-off communication

Denominator Description

All transfers from an emergency department (ED) to another healthcare facility (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the relevant elements for each of the following 7 sub-measures were communicated to the receiving hospital within 60 minutes of discharge (administrative communication must be completed prior to patient transfer):

Administrative communication
Patient information
Vital signs
Medication information
Physician or practitioner generated information
Nurse generated information
Procedures and tests

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- Nearly 19% of rural hospital admissions and 13% of urban hospital admissions are transferred to another facility.
- Patient safety studies have identified the emergency department (ED) as the location within a hospital that has the highest percentage of preventable and negligent adverse events. Increasing attention is being paid to prevention of medical errors in ED settings, but considerable work still needs to be done to develop performance measures for ED care (Schenkel, 2000; Welch et al., 2006).
- The ED patient transfer communication measure set incorporates conceptual elements from the Federal Emergency Medical Treatment and Active Labor Act and the Continuity of Care Record (CCR). The CCR is a standard specification developed jointly by the American Society for Testing and Materials International, the Massachusetts Medical Society, the Healthcare Information and Management Systems Society (HIMSS), and the American Academy of Family Physicians. It is intended to foster and improve continuity of patient care, to reduce medical errors, and to ensure at least a minimum standard of health information transportability when a patient is referred to, transferred to, or otherwise seen by another provider. The objective of the CCR is to improve continuity of care, reduce medical errors, and ensure secure health information transportability when a patient is referred or transferred to another provider (American Academy of Family Physicians, 2011).

Evidence for Additional Information Supporting Need for the Measure

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Extent of Measure Testing

In previous work, a model for measuring rural hospital quality was developed, with a focus on the special issues posed by the rural hospital context (Moscovice et al., 2004). The development of rural relevant hospital quality measures was completed over several steps. With the assistance of expert panels consisting of rural hospital and hospital quality measurement experts, an initial core set of quality measures relevant to rural hospitals with fewer than 50 beds was identified. Established hospital quality measures were examined and the list consolidated.

The team evaluated existing quality indicator and performance measurement systems to assess their relevance for rural hospitals. Existing quality indicator and performance measurement systems (e.g., those developed by The Joint Commission, Agency for Healthcare Research and Quality [AHRQ], National Quality Forum [NQF], Centers for Medicare & Medicaid Services [CMS]) and four rural-oriented performance measurement systems, Apples to Apples, Rural Wisconsin Health Cooperative, Maryland Hospital Association QI Project, Georgia Hospital Association CARE, were reviewed. Four criteria were used to evaluate rural hospital quality measures:

- Prevalence in rural hospitals with less than 50 beds
- Ease of data collection effort in rural hospitals with less than 50 beds
- Internal usefulness for rural hospitals with less than 50 beds
- External usefulness for rural hospitals with less than 50 beds

The research partners further refined this draft set of existing quality measures to fit the rural context and identified emergency department care as both an important quality assessment measurement category for rural hospitals and missing from existing measurement sets.

Throughout the field studies, strong emphasis was placed on obtaining expert and hospital staff insights. Evaluation of the measures, data collection, report usefulness, and the overall process was requested from hospital representatives at many points. Hospital, network, quality improvement organization (QIO) and consulting staff were asked to maintain a log of comments regarding the project including

suggestions for improvements. Feedback forms and contact information for participants involved in this project were provided during training sessions. Each time a hospital was contacted, comments were requested regarding the project. Hospitals were invited to call the QIO, network, consulting or university staff at any time with questions, comments, or concerns. Three expert panels were convened to review data and measurement definitions and specifications.

The three field tests of rural hospital quality measures were conducted in 2004, 2006, and 2008 to access the feasibility of data collection, the ease of different data collection methods, the usefulness of the measures for improvement and reporting, and three different training mechanisms. The measures were field tested in 68 rural hospitals in eight states. Twenty-two rural hospitals participated in the first field test of the measures, including 14 hospitals in Minnesota, 4 hospitals in Utah, and 4 hospitals in Nevada. Staff members from these hospitals were trained in person in measurement abstraction by University of Minnesota and Stratis Health QIO staff. For the second field test, the University of Minnesota and Stratis Health collaborated with the Washington Rural Health Quality Network (RHQN). A total of 18 rural hospitals in Washington State participated. This field test used a "Train the Trainer" method to disseminate the measurement abstraction information. The University of Minnesota and Stratis Health staff trained RHQN staff, who in turn trained hospital staff in small group settings. For the third field test the University of Minnesota collaborated with PMI and Stroudwater Consultants. Three different training methods were used: direct training, train the trainer and video training. Overall, the elements of the transfer communication measure were found to be easily abstracted and to provide many opportunities for documentation and communication improvement. These results suggest that quality improvement in rural hospitals is feasible and useful for reporting and improvement when hospital staff are appropriately trained and provided ongoing technical support.

Evidence for Extent of Measure Testing

Klingner J, Moscovice I. Development and testing of emergency department patient transfer communication measures. J Rural Health. 2012 Jan;28(1):44-53. [16 references] PubMed

Moscovice I, Wholey DR, Klingner J, Knott A. Measuring rural hospital quality. Minneapolis (MN): University of Minnesota; 2004 Apr. 63 p. (Working paper; no. 53).

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State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Emergency Department

Hospital Inpatient

Rehabilitation Centers

Rural Health Care

Skilled Nursing Facilities/Nursing Homes

Transition

Type of Care Coordination

Coordination across provider teams/sites

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

All ages

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Institutionalization

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All transfers from an emergency department (ED) to another healthcare facility

Include patients with transfers from the ED to these facilities:

3 Hospice - Healthcare facility
4a Acute Care Facility - General Inpatient Care (including emergency department)
4b Acute Care Facility - Critical Access Hospital (including emergency department)
4c Acute Care Facility - Cancer Hospital or Children's Hospital (including emergency department)
4d Acute Care Facility - Department of Defense or Veteran's Administration (including emergency department)
5 Other health care facility (i.e., nursing homes, skilled nursing facilities, rehabilitation centers, psychiatric facilities, swing beds; facilities with 24 hour nursing supervision.)

Note: ED patients that have been put in observation status and then are transferred to another hospital or healthcare facility should be

included.

Exclusions

1 Home
2 Hospice-home
6 Expired
7 AMA (left against medical advice)
8 Not documented/unable to determine

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the relevant elements for each of the following 7 sub-measures were communicated to the receiving hospital within 60 minutes of discharge:

EDTC-SUB 1 - Administrative communication: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility prior to discharge
- Healthcare facility to healthcare facility communication
- Physician to physician communication

EDTC-SUB 2 - Patient information: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge
- Name
- Address
- Age
- Gender
- Significant others contact information
- Insurance

EDTC-SUB 3 - Vital signs: Number of patients transferred to another health care facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge
- Pulse
- Respiratory rate
- Blood pressure
- Oxygen saturation
- Temperature
- Glasgow score or other neuro assessment for trauma, cognitively altered or neuro patients only

EDTC-SUB 4 - Medication information: Number of patients transferred from an emergency department (ED) to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving hospital within 60 minutes of discharge
- Medications administered in ED
- Allergies
- Home medications

EDTC-SUB 5 - Physician or practitioner generated information: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge
- History and physical

Reason for transfer and/or plan of care

EDTC-SUB 6 - Nurse generated information: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge

Assessments/interventions/response

Sensory status (formerly impairments)

Catheters

Immobilizations

Respiratory support

Oral limitations

EDTC-SUB 7 - Procedures and tests: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving hospital within 60 minutes of discharge

Tests and procedures done

Tests and procedure results sent

Measure Calculation:

This measure is calculated using an all-or-none approach. The overall Emergency Department Transfer Communication (EDTC) measure can be calculated as the percent of medical records that met all of the 27 data elements. Data elements not appropriate for an individual patient are scored as NA (not applicable), are counted in the measure as a positive, or 'yes,' response, and the patient will meet that element criteria. That patient will either need to meet the criteria for all of the data elements or have an NA.

Considerations for Electronic Transfer of Information:

For health systems with shared electronic medical records, documentation must indicate that data elements had been entered into the data system and were available to the receiving facility prior to transfer for Administrative Communication Measures or within 60 minutes of discharge for all other measures. If there are not shared records, "sent" means that medical record documentation indicates the information went with the patient via fax, phone, or internet/electronic health record.

Refer to the original measure documentation for detailed data collection instructions.

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Electronic health/medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

ED Transfer Communication Measure Data Collection Tool

Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

Basis for Disaggregation

This measure is disaggregated based on different definitions of the numerator.

The Emergency Department Transfer Communication (EDTC) All or None Measure calculates a rate for each sub-measure and an overall composite rate.

- *EDTC-SUB 1 - Administrative communication*: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility prior to discharge
  - Healthcare facility to healthcare facility communication
  - Physician to physician communication
- *EDTC-SUB 2 - Patient information*: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge
  - Name
  - Address
  - Age
  - Gender
  - Significant others contact information
  - Insurance
- *EDTC-SUB 3 - Vital signs*: Number of patients transferred to another health care facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge
  - Pulse
  - Respiratory rate
  - Blood pressure
  - Oxygen saturation
  - Temperature
  - Glasgow score or other neuro assessment for trauma, cognitively altered or neuro patients only
- *EDTC-SUB 4 - Medication information*: Number of patients transferred from an emergency department (ED) to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving hospital within 60 minutes of discharge
  - Medications administered in ED
  - Allergies
  - Home medications
- *EDTC-SUB 5 - Physician or practitioner generated information*: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge
  - History and physical
  - Reason for transfer and/or plan of care
- *EDTC-SUB 6 - Nurse generated information*: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge
  - Assessments/interventions/response
  - Sensory status (formerly impairments)
  - Catheters
  - Immobilizations
  - Respiratory support
  - Oral limitations
- *EDTC-SUB 7 - Procedures and tests*: Number of patients transferred to another healthcare facility

whose medical record documentation indicated that all of the elements were communicated to the receiving hospital within 60 minutes of discharge

- Tests and procedures done
- Tests and procedure results sent

All or None Measure: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the relevant elements for each of the 7 sub-measures were communicated to the receiving hospital within 60 minutes of discharge (administrative communication must occur before transfer).

Measure Analysis Suggestions: The data elements for each of the sub-measure elements provide the opportunity to assess each component individually. Refer to the original measure documentation for additional information.

Scoring

Composite/Scale

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

EDTC - all or none measure.

Submitter

University of Minnesota Rural Health Research Center - Academic Institution

Developer

Regents of the University of Minnesota Rural Health Research Center - Academic Affiliated Research Institute

Funding Source(s)

- Minnesota Department of Health, Office of Rural Health and Primary Care, funded by the Medicare Rural Hospital Flexibility Program
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- Centers for Medicare & Medicaid Services, Quality Improvement Organization (QIO) Special Innovation Project

Composition of the Group that Developed the Measure

Prepared by Dr. Jill Klingner from the University of Minnesota Rural Health Research Center in collaboration with StratisHealth.

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2014 Sep 18

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Jan

Measure Maintenance

Annually

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: Stratis Health, University of Minnesota Rural Health Research Center. Data collection guide: emergency department transfer communication measures. Bloomington

(MN): Stratis Health; 2015 Jan. 52 p.

Measure Availability

Source available from StratisHealth Web site .

For more information, contact Ira Moscovice and Jill Klingner at the University of Minnesota Rural Health Research Center, 2520 University Ave SE, Suite 201, Minneapolis, Minnesota 55414; Phone: 612-624-6151.

NQMC Status

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Copyright Statement

Production

Source(s)

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